International Journal of Global Health
Open Access - Peer-Reviewed - ISSN 2693-1176

Portico Archived | Crossref DOI | CC BY 4.0 Licensed

Review Article

Health Systems of Underdeveloped and Developing Countries

Lucio Mango [1*]

[1] Director of higher education in healthcare - University of International Studies (UNINT) – Rome, Italy Via San Godenzo, 154, 00189 Rome, Italy

*** Correspondence:** Lucio Mango, Director of higher education in healthcare - University of International Studies (UNINT) – Rome, Via San Godenzo, 154, 00189 Rome, Italy, Phone +393358456518

Published citation: Lucio Mango (2020) **Health Systems of Underdeveloped and Developing Countries**. *International Journal of Global Health* - 1(2):1-3. https://doi.org/10.14302/issn.2693-1176.ijgh-20-3489

Article DOI: 10.14302/issn.2693-1176.ijgh-20-3489

Abstract

The right to health and access to health care are basic human rights, yet the relationship between poverty, marginalization and access to services is often misunderstood or overlooked in health policies and in development actions. To build equitable health systems a rights-based approach to reform and planning is needed. This involves a wide range of interventions, all of which should ensure that investments in the health system will bring benefits to all members of society, especially the poorest and most marginalized

Keywords:
Health systems; Equity; Migration; Rights

Article Information	
Academic Editor	Tafese B Tufa, Arsi University, Ethiopia.
Received Date	29 April 2020
Accepted Date	14 July 2020
Published Date	15 July 2020
Online	15 July 2020
Publication	Volume 1; Issue 2; Pages 1–3
Copyright	© 2020 Lucio Mango

Article Information (continued)

License	This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. https://creativecommons.org/licenses/by/4.0/

Introduction

Increasingly there is talk of "global health", forgetting that the world includes countries like Japan, where in 2003 the life expectancy at birth was 85 years, and per capita were spent on average $ 550 a year in health, and Sierra Leone, where in the same year, life expectancy at birth was only 36 years old, with 33% of infant mortality and an average per capita expenditure of only $ 3 a year [1].

In this regard there have been numerous statements that the less fortunate health systems should be helped. Despite the declarations by the UN Millennium Summit in the year 2000, during which more than 150 countries have committed themselves to reaching, by 2015, the so-called Millennium Development Goals (MDGs) including: halving the share of the poor and hungry population by 2015, ensure primary education for all children, and combat the spread of diseases such as AIDS and malaria, reduce child mortality and improve health conditions in maternity, after five years about 800 million people in developing countries suffer hunger again. The statistical data show us a growing gap between the group of extremely poor countries (including the countries of sub-Saharan Africa and countries with high mortality in Asia, central and south America and in the countries of the eastern Mediterranean) and the rest of the world [2]. From this point of view, certainly the search for better health is an important factor in human mobility, constituting the cause of migratory movements worldwide[3].

The problem

In 2017 they died 6.3 million children and adolescents, 5.4 million of which in the first five years of life, in mostly from easily preventable diseases [4]. Most of the deaths occur in sub-Saharan Africa and South Asia. A child born in one of these two macro-regions has up to nine less chance to survive in the first month of life than a child born in high-income countries[5]. One element that contributes to intensify the severity of the health crisis is the one represented by the imbalance between the need and the answers provided by the institutions. Many factors complicate the construction of effective public health systems: the implementation of new health centers cannot happen without equipment, supplies and personnel enough to ensure the basic services. The number of doctors is insufficient (Africa holds only 3% of the world's health personnel) [6]. While the poorest countries bear the weight of 85% of the global burden of disease, accounts for only 11% of global health expenditure, while having the need to develop more resilient and efficient health systems.

The main problems of health systems in poor countries thus seem to lie in the shortage of health workers. WHO estimates that in 27 countries, Africa and Asia, at least 4.3 million health workers would be missing [6]. The global shortage of health workers and its impact and the high number of people (over 100 million) who are impoverished every year by paying out of pocket health expenses [7] thereby create real failures of health systems. Addressing these problems implies an effort and an investment to improve public health systems, which can guarantee access to the necessary services especially by the poorest and most vulnerable people.

The issue of health is connected to many issues central to people's lives, starting with the construction of local food systems that ensure access to a diverse and nutritious food.

A broader look at the problem of protecting health in the poorest countries should also consider the impact that 'development' is having in those countries. This impact is represented by the increase in deaths from non-communicable diseases (tumors, cardiovascular diseases, diabetes). Non-communicable diseases have a growing and particularly hard impact on the poorest people, in a sort of vicious circle, in which people are exposed to risk factors, causing a spiral that leads families to poverty, given that health care often with high costs, it must be paid by patients out of their own pocket.

How to solve?

It seems important to carry out research on health systems, developing strategies to address the health systems themselves. However, rather than traditionally carry out research regarding aspects relating to the functions of health systems such as governance structures, funding and resource allocation systems, management systems and, above all, the methods of service delivery, the most important aspect is to understand how to offer to potential beneficiaries the available health interventions, through the functioning of health systems, with their policies, organizations and programs [8].

New insights on how to increase access to health services may allow significant improvements in the health of the populations of poor countries. A recent study has shown that, in poor countries, while technological progress would have the potential to prevent about a fifth of deaths in children under five years, improvements in the use of services (constant technology) could prevent almost two thirds of deaths [9]. Unfortunately, research on health systems is a substantially neglected area of research. Spending on health systems research is estimated to be less than 0.02% of healthcare financing in poor countries

A World Health Organization Task Force recommends an increase in funding for health system research from both poor country governments and the international community (proposing that a percentage of health program funding be invested in health system research as well the establishment, in poor countries, of national research institutes on health systems) [8].

It is clear that poor countries need help to develop their health systems with adequate evidence from good research on health systems. Rich countries can do a lot: allocate adequate resources for research on health systems in the context of international health cooperation programs; organize research training programs specifically aimed at the problems of poor countries, with preferential access channels for citizens of these countries, perhaps in partnership with institutions from these countries. And yet they could form cohorts of researchers and analysts of health systems focused on the problems of poor countries' systems. This would also allow a considerable improvement in the level of technical assistance provided by donor countries to poor ones which will remain an important component of health cooperation in the future

In conclusion, improving the health of the poorest people on the planet requires health system reforms, accompanied by wider social and economic reforms, ensure that health services are accessible and used by those who need it most guaranteeing the right to health [10].

References

1. Calidoni F. *Sanita' nei paesi in via di sviluppo: politiche pubbliche e scelte dei datori di lavoro SIEP Working paper n.467*. 2005.
2. World Bank. *The World Health Report 2003*. Washington; 2003.
3. Ambrosio S, Mango L. The Migratory Phenomenon in Italy-Access to Health Services. *Journal of Public Health International (JPHI)*. 2020;2(3):15–18. https://doi.org/10.14302/issn.2641-4538.jphi-20-3286
4. United Nations. *International Children's Emergency Fund- UNICEF "Levels & Trends in Child Mortality"*. New York; 2018.
5. Caritas Italiana. *Campagna MIND 2018 Scheda 06: migrazioni e povertà sanitaria. Il Dato*. 2019.
6. World Health Organization. The global shortage of health workers and its impact. 2009.
7. Xu K, et al. Protecting households from catastrophic health spending. *Health Affairs*. 2007;26(4):972–83. https://doi.org/10.1377/hlthaff.26.4.972
8. World Health Organization (2008) Scaling up research and learning for health systems: now is the time. In: *Report of the High Level Task Force*, Bamako, Mali., editor.
9. Leroy JL, Habicht JP, Pelto G, Bertozzi SM. (2007) Current priorities in health research funding and lack of impact on the number of child deaths per year. *Am J Public Health* 2007;97(2):219-23. Epub 2006 Dec 28. Erratum in: Am J Public Health;97(4):590 https://doi.org/10.2105/ajph.2005.083287
10. https://www.yumpu.com/it/document/view/39584856/sistemi-sanitari-aidos

Publisher's Note

All claims, opinions, data, and conclusions expressed in this article are solely those of the author(s) and contributor(s), and do not necessarily represent those of Open Access Pub, the journal, its editors, or reviewers. Open Access Pub does not guarantee or endorse any product, method, instruction, or claim discussed in the article, and disclaims responsibility for any injury to people or property resulting from ideas, methods, instructions, or products referred to in the content.